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|--|--|--------------------------|----------------------|
| FEE TRANSMITTAL for FY 2005 | | Complete If Known | |
| | | Application Number | 09/869389 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | 22/DEC/1999 |
| | | First Named Inventor | CLAUDE CHAPEL et al. |
| TOTAL AMOUNT OF PAYMENT (\$) | | Examiner Name | HELEN SHIBRU |
| | | Art Unit | 2616 |
| | | Attorney Docket No. | PF980093 |

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING INC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | | Small Entity | |
|--|--------------|---------------------------|---------------|
| | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | 200 | 100 |
| Multiple dependent claims | | 360 | 180 |
| Total Claims | | Multiple Dependent Claims | |
| 18 | -20 or HP= | Fee (\$) | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | _____ | _____ |
| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
| 3 | - 3 or HP= | _____ | _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | _____ | _____ |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|----------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x | _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : RCE

Fees Paid (\$)790**SUBMITTED BY**

| | | | | | |
|-------------------|-------------|--------------------------------------|---------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 41736 | Telephone | 1-609-734-6807 |
| Name (Print/Type) | GUY ERIKSEN | Date | NOV. 11, 2005 | | |